

Instructions: Business Tax Registration Application

General Information

The Business Tax Application is used to apply for tax registration for Tennessee's business tax. This application cannot be used to register for other Tennessee tax obligations. Businesses must register for sales tax, franchise and excise tax, and other taxes online at www.TN.gov/revenue or by paper application.

Registration for business tax using this application will not be complete until you have paid the business license fee and obtained your business license from the appropriate county clerk and, if applicable, your city business tax official.

You must submit a fully completed the application in a timely manner to ensure that you are properly registered for this tax or you may make your application online. For information on how to register your business online, visit the Tennessee Department of Revenue's website at www.TN.gov/revenue and click on E-file and Pay.

You must complete one application for each business location. Upon registration, your county clerk or city official will issue your business tax license. A \$15 fee is required for your initial license. Once registered, the local licensing official will send your record electronically to your city or county official based on your location. You must also pay the required \$15 fee for the initial license at the appropriate city/county official's office.

A standard business license is renewed by the annual payment of tax to the Tennessee Department of Revenue. Once this tax is paid each year, the county clerk or city official will provide a license for the next year. There is no charge for a renewal license.

Business tax minimal activity licenses are renewed each year by payment of an annual \$15 fee.

It is important that you notify the Tennessee Department of Revenue if:

- ☐ The business ownership changes in any manner including:
 - selling or closing of the business,
 - adding or changing partners,
 - any transfer or change in the ownership of the business,
 - any change in corporate structure requiring a new charter or certificate of authority; or
- ☐ The business location changes.

Instructions

- 1) Enter the business' federal employer identification number (FEIN) or the owner's social security number (SSN).
- 2) Enter the starting date for this business location (month, date, and year).
- 3) Enter the business' fiscal year end date. This is the year end date the business uses for federal tax purposes.
- 4) Enter the type of ownership for the business. If the entity is a marital joint, enter the SSN for the other spouse.
- 5) Enter the business' legal name. This is the same name used for federal tax purposes or registered with the Tennessee Secretary of State's office.
- 6) Enter the physical address for the business. This cannot be a post office box or address for a mail facility.
- 7) Enter the owner information for one or more business contacts. Complete each item. A social security number is not required. If a business is owned by another business, enter the FEIN of the owning business here. This cannot be the same as the FEIN noted under #1 above.
- 8) Enter the "doing business as" (DBA) name, if any.
- 9) Enter the business tax classification for the business. If necessary, consult the Business Tax Guide at www.TN.gov/revenue for more information about determining the proper business tax classification.

- 10) Check the box to choose the license type of standard or minimal activity. Minimum activity licenses can only be issued to businesses having less than \$10,000 in annual gross income.
- 11) Enter the business' location address, ensuring that all the information is exact and complete.
- 12) Provide a detailed description of the principal business activity at this location, including the major products and/or services sold.
- 13) Provide the business' mailing address in the space provided. A P.O. box or mailing facility address is acceptable.
- 14) Provide the business' telephone number, fax number (if any), and email address in the space provided.
- 15) Provide the contact information for the business. This will be the person who the Tennessee Department of Revenue can reach for information regarding tax filings and payments.
- 16) Signatures are required. At least one owner, officer, member, or partner must sign and date this application.



TENNESSEE DEPARTMENT OF REVENUE
Business Tax Registration Application

RV-F1321001 (04/18)

Answer all questions below completely. Incomplete and unsigned applications will delay processing.

1. Business FEIN or SSN (required)	2. Start Date for Location in Jurisdiction	3. Fiscal Year End Date
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4. Type of Ownership (choose only one box below):

- | | | |
|--|---|---|
| <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Partnership (all types) | <input type="checkbox"/> Corporation (all types) |
| <input type="checkbox"/> Marital Joint Ownership
Other Spouse's SSN: _____ | <input type="checkbox"/> Limited Liability Company
(choose one below) | |
| <input type="checkbox"/> Estate or Trust | <input type="checkbox"/> Multi-Member LLC | <input type="checkbox"/> Single Member LLC |

5. Legal Name of Business

6. Primary Address (physical address where records are located; no P.O. box)	City	State	ZIP Code
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7. Identify Owners, Officers, Members, or Partners (Attach additional names on separate sheet if needed. See Instructions.)

Title	Title
SSN of owner or FEIN of owning business, if available	SSN of owner or FEIN of owning business, if available
First and Last Name of Owner or Name of Owning Business	First and Last Name of Owner or Name of Owning Business
Telephone Number with Area Code	Telephone Number with Area Code
Email	Email
Address	Address
City State ZIP Code	City State ZIP Code

8. "Doing Business As" (DBA) Name (if different from #5 above)

9. Classification (select below or write in)

Classification:

10. License Type

- ☐ Standard Business License ☐ Minimal Activity License

11. Business Location Address (physical address only; no P.O. box)	City	State	ZIP Code
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12. Business Activity at this Location

13. Business Mailing Address

City

State

Zip Code

14. Business Telephone Number

Business Fax Number

Business Email Address

15. Contact Name

Contact Telephone Number

Contact Email Address

16. **Signatures Required! This application must be signed by an owner, officer, member or partner of the entity listed above. Do not print or use a stamp.**

The statements made on this application are true to the best of my knowledge and belief.

Signature: _____ **Date:** _____
Owner, Officer, Member, or Partner

Signature: _____ **Date:** _____
Owner, Officer, Member, or Partner

For Department Use Only

**Electronic filing and payment of taxes is required for business tax.
Please visit www.TN.gov/revenue for more information.**



City of Mt. Juliet, TN

Finance Division . PO Box 679 . Mt. Juliet, TN 37121
615-754-2552

Business License Application

APPLICATION TYPE: ☐ New ☐ Owner Change ☐ Name Change ☐ Home Occupation

APPLICANT NAME: _____ APPLICANT TITLE: _____

E-MAIL ADDRESS: _____ PHONE NUMBER: _____

LEGAL BUSINESS NAME: _____

PHYSICAL ADDRESS / LOCATION: _____

PREVIOUS USE OF THIS LOCATION: _____

APPROXIMATE SQUARE FOOTAGE OF BUSINESS USE: _____

IS THE PHYSICAL LOCATION ALSO YOUR RESIDENCE? : _____

For Commercial Business Only:

- Will this Business be located in an existing space? Y___/N___ A New Space? Y___/N___
- Is **construction work of ANY type** proposed prior to the opening of the Business? Y___/N___
- Have the required Building, Plumbing, Mechanical, and Electrical Permits been obtained? Y___/N___
- Is any Signage proposed? Y___/N___ If yes, has a signage plan been approved? Y___/N___

For Home Occupation Only:

- Applicant has read Mt. Juliet Zoning Ordinance Articles 3-105.1(8) and 3-105.2(4) Y___/N___
- Is Business located entirely within dwelling? Y___/N___ An Accessory Building? Y___/N___
- Is Business <25% of the total floor area of the principal structure Y___/N___ <500 Sq Ft? Y___/N___
- Is the structure at the above address your primary residence? Y___/N___
- Will Customers be coming to this property? Y___/N___
- Will you have more than one (1) employee or pupil at this location at one time? Y___/N___
- Will this Business require equipment, vehicles or storage? Y___/N___
 - If equipment, vehicles or storage is required, where will they be stored or parked when not in use: _____

Provide a Description of all Proposed Business Activities (Attach if necessary): _____

PLEASE READ AND INITIAL: *The granting of a Business License does not waive the requirement that every business must comply with all city statues and ordinances. Certain business operations may not be possible due to ordinance violations or zoning rules that preclude the activity. It is in the best interest of the proposed business to allow City representatives to advise if each business is in compliance with all ordinances before investing resources into a business enterprise.* Applicant: _____ Date: _____

Planning and Zoning Division Determinations: (DO NOT WRITE BELOW THIS LINE.)

Current Zoning: _____ Business Classification: _____

Zoning Administrator: ☐ Approved ☐ NOT Approved

Building Official: ☐ Approved ☐ NOT Approved